



VEHICLE-SPECIFIC INFORMATION					
YEAR	MAKE	VIN	PLATE NUMBER	DATE REMOVED	DATE ADDED

# INSURANCE COVERAGE REPORT INSTRUCTIONS

This form is to be used to report vehicle-specific and non-vehicle specific policies.

## POLICY INFORMATION

- COMPANY CODE – Print or type your company's NAIC code.
- COMPAY NAME – Print or type the name of the insurance company providing the coverage.
- POLICY NUMBER – Print or type the company-assigned policy number.
- EFFECTIVE DATE – Print or type the date the new business was established, or the date the new or replacement vehicle was added to the existing policy.
- CANCELLATION DATE – Provide the date coverage was terminated, canceled, or removed from the policy.

## NAMED INSURED

- NAME – Print or type the full name of the principal person for whom the insurance coverage is written.
- DRIVER'S LICENSE NUMBER – Print or type the driver's license number of the insured.
- BIRTH DATE – Print or type the birth date of the insured.
- STREET, CITY, STATE, ZIP CODE, COUNTRY – Print or type the mailing address of the insured.

## ADDITIONAL INSURED

- NAME – Print or type the full name of the additional insured.
- DRIVER'S LICENSE NUMBER – Print or type the driver's license number of the additional insured.
- BIRTH DATE – Print or type the birth date of the additional insured.

## VEHICLE-SPECIFIC POLICIES

- YEAR – Print or type the year of the vehicle.
- VIN – Print or type the vehicle identification number (VIN) of the vehicle.  
Use additional pages as needed. Complete the Policy Information on each page.
- MAKE – Print or type the NCIC code for the vehicle make. See Appendix F of the [Reporting Guidelines](#).
- PLATE NUMBER – Print or type the license plate number of the vehicle.
- DATE ADDED – Print or type the date the vehicle was added to existing policy.

Note: For non-vehicle specific reporting, check the NO box and provide vehicle information, if available.

## MAILING ADDRESS:

VIRGINIA DMV  
Insurance Verification Program Supervisor  
P. O. Box 27412  
Richmond, VA 23269-0001

TELEPHONE NUMBER: (804) 367-0422/367-0467

FAX NUMBER: (804) 367-6693

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To obtain a supply of this form, call (804) 367-0422/367-0467 and order the desired number of pads (50 sheets per pad), or forms may be reproduced.